

PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that House Bill 1347 be recommitted to a Committee of One, its author, with specific instructions to amend as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 12-7-2-110.1 IS ADDED TO THE INDIANA
- 3 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 4 [EFFECTIVE UPON PASSAGE]: **Sec. 110.1. (a) Notwithstanding**
- 5 **section 110 of this chapter, "hospital", for purposes of**
- 6 **IC 12-15-11.5, has the meaning set forth in IC 12-15-11.5-1.**
- 7 **(b) This section expires March 1, 2001.**
- 8 SECTION 2. IC 12-15-11.5 IS ADDED TO THE INDIANA CODE
- 9 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 10 UPON PASSAGE]:
- 11 **Chapter 11.5. Lake County Disproportionate Share Hospitals**
- 12 **Sec. 1. As used in this chapter, "hospital" refers to an acute care**
- 13 **hospital provider licensed under IC 16-21 that:**
- 14 **(1) qualifies as a disproportionate share hospital under**
- 15 **IC 12-15-16; and**
- 16 **(2) is the sole disproportionate share hospital in a city located**
- 17 **in a county having a population of more than four hundred**
- 18 **thousand (400,000) but less than seven hundred thousand**
- 19 **(700,000).**
- 20 **Sec. 2. A hospital must be regarded by the office or the office's**
- 21 **managed care contractor as a contracted provider in the office's**
- 22 **managed care services program, which provides a capitated**
- 23 **prepayment managed care system, for the provision of medical**

1 services to each individual who:

2 (1) is eligible to receive services under IC 12-15 and has  
3 enrolled in the office's managed care services program;

4 (2) resides in the same city in which the hospital is located;  
5 and

6 (3) has selected a primary care provider who:

7 (A) is a contracted provider with the office's managed care  
8 contractor; and

9 (B) has medical staff privileges at the hospital.

10 Sec. 3. The office or the office's managed care contractor may  
11 not provide incentives or mandates to a primary care provider to  
12 direct patients described in section 2 of this chapter to a contracted  
13 hospital other than a hospital in a city where the patient resides.

14 Sec. 4. A hospital must be reimbursed for services provided to  
15 patients described in section 2 of this chapter at established  
16 Medicaid rates paid to Medicaid providers who are not contracted  
17 providers in the office's managed health care services program,  
18 unless the hospital has entered into a contract under section 5 of  
19 this chapter.

20 Sec. 5. A hospital may enter into a contract with the office or the  
21 office's managed care contractor for reimbursement at rates other  
22 than those described in section 4 of this chapter.

23 Sec. 6. A risk based managed care entity engaged in providing  
24 contracted Medicaid services under IC 12-15-30 is required to pay  
25 a health care provider for services at a negotiated rate or, if a  
26 negotiated rate does not exist, then at a rate that is not lower than  
27 a contracted facility would be paid for providing the same service.

28 Sec. 7. This chapter expires March 1, 2001.

29 SECTION 3. An emergency is declared for this act.

(Reference is to HB 1347 as introduced.)

---

Representative Day



Adopted

Rejected

# COMMITTEE REPORT

MR. SPEAKER:

Your Committee of One, to which was referred House Bill 1347, begs leave to report that said bill has been amended as directed.

---

Representative Day